

**NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT**

Rex A. Whiteman, D.D.S., P.A.  
218 Avenue E  
Apalachicola, FL 32320

I understand that, under the Health Insurance Portability & Accountability Act of 1996 (HIPPA), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- \*Conduct, plan and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly
- \*Obtain payment from third-party payers
- \*Conduct normal healthcare operations such as quality assessments and physician certifications

I acknowledge that I have received your *Notice of Privacy Practices* containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its *Notice of Privacy Practices* from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the *Notice of Privacy Practices*.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand that you are not required to agree to my requested restrictions, but if you do agree then you are bound to abide by such restrictions.

I understand that Rex A. Whiteman, D.D.S., P.A. will be happy to duplicate and make available at my request any x-rays that have been taken for the purpose of diagnosis. Rex A. Whiteman, D.D.S., P.A. will retain all original x-rays and only provide duplicates. I agree to pay the duplication fee of \$50.00 for these x-rays.

Patient Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices Acknowledgement, but was unable to do so as documented below:

Date \_\_\_\_\_ Initials \_\_\_\_\_ Reason \_\_\_\_\_